

Oklahoma State Youth Suicide Prevention Plan

Executive Summary

For further information regarding this document, or for a copy of the full report, please contact the Child and Adolescent Health Division of the Oklahoma State Department of Health at (405) 271-4471.

Dedicated to the memory of Carol King, suicide survivor and advocate for
youth suicide prevention in Oklahoma

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Outline of the Oklahoma State Youth Suicide Prevention Plan

I. Assessment

- a. Data collection on suicide attempts and completions
- b. Implementation of External Cause of Death Coding (E-Coding) in hospitals

II. Policy Development

- a. Media guidelines for reporting suicide attempts and completions
- b. Improved access to and coordination of mental health care services
- c. Reduce access to lethal methods for suicide attempt and completion
- d. Implement an “Adopt a Doc / Adopt a Nurse” model with a focus on mental health

III. Assurance of Services

- a. Universal Prevention
 - i. community resource coordination and development
 - ii. media education
 - iii. public education
- b. Selective Prevention
 - i. suicide intervention training program for community caregivers
 - ii. screening programs
 - iii. technical assistance to school crisis teams
- c. Indicated Prevention
 - i. support groups
 - ii. network with local counseling services
- d. Evaluation

IV. Implementation

- a. Oklahoma Youth Suicide Prevention Council
- b. Oklahoma Turning Point Council

Youth Suicide Prevention Task Force Specific Recommendations:

Assessment

- ?? The standard definitions of “suicide” and “suicide attempt” presented in this state plan be applied by all data reporting entities.
- ?? Urge all Oklahoma hospitals and minor emergency centers to utilize External Cause of Death (E-Coding) reporting practices and make E-Coding a licensing requirement.
- ?? Mechanisms for reporting suicide completions be coordinated among all reporting entities and information provided to the Oklahoma State Department of Health for statistical analysis.
- ?? The Oklahoma State Department of Health develop and implement a statewide data collection system of suicide attempts with funding from the Oklahoma State Legislature.
- ?? The Oklahoma Department of Mental Health and Substance Abuse Services and the Oklahoma State Department of Health provide technical assistance to communities on using data to inform changes in service delivery and health policy.
- ?? Urge the State of Oklahoma to adopt the statewide implementation of the Youth Risk Behavior Survey in Oklahoma High Schools.

Policy Development

1. Public and Media Education regarding suicide:
 - ?? Health officials must explain the carefully, established, scientific basis for their concern about suicide contagion and how responsible reporting can reduce contagion.
 - ?? Clinicians and researchers need to acknowledge that it is not news coverage of suicide *per se* but certain types of news coverage that may promote contagion.
 - ?? Education for the media in the responsible reporting of suicides.
 - ?? Public officials need to explain the potential for suicide contagion associated with certain types of reporting and suggest ways to minimize the risk for contagion.⁹
 - ?? The guidelines developed by the Centers for Disease Control and Prevention and the American Association of Suicidology be used as an overarching framework for the development and implementation of media reporting education and training efforts. (These guidelines are found in Appendix A)
2. Increase accessibility of the health care system:
 - ?? Substantially decrease the number of uninsured individuals, particularly children and youth.
 - ?? Increase coverage for mental illnesses in both public and private sectors.
 - ?? Expand and improve public health services to the uninsured.

- ?? Urge the Oklahoma Legislature to continue to pass meaningful mental health parity laws.
 - ?? Urge the Oklahoma Legislature to adopt a resolution asking Congress to open Medical Savings Accounts (MSA) to all public and private employees to provide funds for mental health services without increasing financial burden on businesses or government.
3. Reduce access to lethal methods:
- ?? Parents take responsibility for safe handling and storage of firearms and other lethal means in the home ensuring that these items are accessible only to their owners.
 - ?? Parents, law enforcement, school personnel and community business leaders take measures to ensure that alcohol remains inaccessible to youth under the age of 21.
 - ?? The support of local and state-wide programs which provide awareness, provision and distribution of external mechanical gun safety devices.
 - ?? Legislation mandating trigger locks for all new handguns sold, offered for sale, rented or transferred in the State of Oklahoma.
4. Coordination of community – public and private – mental health centers and county health department clinics:
- ?? Community mental health centers and county health department clinics coordinate services together so that appropriate referrals can be made.
 - ?? Both public and private mental health centers coordinate with physicians and other health professionals of all disciplines and hospitals to increase identification and referral of at risk youth.
 - ?? Referral protocols be established to delineate responsible parties, action time lines and follow up responsibility.
5. Develop and implement a statewide “adopt a doctor” / “adopt a nurse” program with schools focusing on mental health.
- ?? An Adopt a Doctor/Adopt a Nurse program be implemented statewide that connects schools with mental health professionals who can provide technical assistance to schools, school counselors and parents concerning youth mental illness and suicide ideation. These programs can also promote mental health fitness along side physical fitness as a comprehensive wellness program.

Assurance of Services

- ?? Urge the Oklahoma State Department of Health and the Oklahoma Department of Mental Health and Substance Abuse Services to coordinate efforts at all levels.
- ?? The Governor and the Cabinet Secretary for Health and Human Services increase coordination among state agencies within HHS (Departments of Health, Mental Health and Substance Abuse Services, Human Services, Health Care Authority, Office of Juvenile Affairs and the Oklahoma Commission on Children and Youth).

- ?? Urge the Oklahoma Legislature to fund the implementation of a suicide intervention training program for community caregivers across the state.
- ?? Urge the Oklahoma Health Care Authority to decrease the number of those without insurance coverage for mental health services.
- ?? Urge the Oklahoma Insurance Department to address coverage for addiction and mental illness.
- ?? Urge the Oklahoma Legislature to continue to pass meaningful mental health parity laws.*
- ?? Urge the Oklahoma Legislature to adopt a resolution asking Congress to open Medical Savings Accounts (MSA) to all public and private employees to provide funds for mental health services without increasing financial burden on businesses or government.*

* Cross referenced with Policy Development

Executive Summary Narrative

This document is the result of the work of the Oklahoma Youth Suicide Prevention Task Force, created in 1999 by the passage of House Joint Resolution 1018.

More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease **combined**. During the past decade, there have also been dramatic and disturbing increases in reports of suicide among children. In Oklahoma, suicide is the third leading cause of death for youth aged 15-19.¹ In 1996, medical costs for completed and medically treated youth suicide acts for youth under 20 years old in Oklahoma totaled \$17,000,000. In that same year, the loss of future earnings (future economic productivity) for youth under 20 who successfully completed a suicide totaled \$50,000,000.² On an individual level, a 1980 U.S. study revealed that each youth suicide resulted in an average loss of 53 years of life and \$432,000 of economic productivity³.

The Oklahoma Youth Suicide Prevention State Plan works to address this problem by introducing multi-level strategies that communities can customize based on available resources and experience. At the base of this plan is the development of community infrastructure and resources for youth. Community infrastructure refers to the resources (financial, organizational, social) and the coordination of these resources that a community uses to help it address the needs of its citizens.

At the next level of this plan are specific prevention activities that communities can implement using their established resources and ambition that will help strengthen

infrastructure and provide the necessary supports and interventions that youth need to prevent a crisis or to address needs after a crisis occurs.

The final level of this plan involves crisis management and counseling services following a suicide death or attempt (postvention). This will address the needs of those directly affected by the event and reduce the likelihood that additional suicides will follow (suicide contagion). Specific components are listed in the outline below:

I. Community Infrastructure

- A) Create community awareness of the youth suicide problem, including overcoming denial and learning the myths and facts surrounding youth suicide.
- B) Organize local resources (health/mental health providers, counselors, ministers, teachers, etc.) into a network that is available to provide assistance to youth in need and who are identified through prevention activities.
- C) Build on the resources that youth have - both coping skills / problem-solving strategies within themselves and supportive surroundings within their environments. This will help them learn life-skills and give them a population of adults that care about them and take an active interest in their lives (this is something that every person in the community can take part in, regardless of background or education).

II. Prevention Activities

- A) Suicide Intervention Training for Community Caregivers

- a. Provide training for adults in suicide intervention, identifying at-risk youth, estimating risk, talking with them and referring them to appropriate local resources.
- b. Provides a community network of individuals who can serve as a safety net for youth.

B) School and Community-Based Education –

- a. Provides education for youth on the warning signs and risk factors for suicide and teaches them how and where to get help for themselves or their peers.
- b. Trains youth to tell an adult if they know of someone at risk of committing suicide.
- c. Provides education for the community regarding how to reduce suicide risk through involvement with youth and reducing access to lethal means.
- d. Provides community support for prevention activities.

C) Screening Programs

- a. Provide identification of youth at risk by testing for mental illnesses that are known to be risk factors for suicide.
- b. Provide referrals and counseling, using local resources, for youth who are identified as having high lethality (increased likelihood of carrying out suicidal ideations).

III. Postvention Activities

- A) Enhancing a school crisis team's ability to interact with students and staff after a suicide death.
- B) School-based support groups
- C) Family support training for parents and guardians
- D) Network with local counseling services

The components identified in this state plan will be coordinated by at statewide Oklahoma Youth Suicide Prevention Council. This council will oversee the development of different stages of the state plan, and provide assistance to communities in identifying which of the plan's activities their community is ready for and how to implement them. The council will also help communities move "up to the next level" of suicide prevention so that they can build on what they have put into place.

The Council will work with the Oklahoma Turning Point Council, an existing initiative that is focused on the development of public health infrastructure in Oklahoma communities. Partnering with Turning Point will assist the Youth Suicide Prevention Council in assuring that communities are able to assemble the resources they need in order to implement suicide prevention activities and address the needs of their youth.

References

1. State of the State's Health Report, Oklahoma State Board of Health, 1999.
2. Children's Safety Network - National Injury and Violence Prevention Resource Center, U.S. Department of Health and Human Services. www.edc.org/HHD/csn
3. Weinstein, M.C. and Saturno, P.J. (1989). *Economic impact of youth suicide and suicide attempts*, 1989 Report of Secretary's Task Force on Youth Suicide, Vol 4, 1989.